n re Cathy L. Beare

Case No.

1:15-bk-02394

Debtor(s)

AMENDED SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed R. Bankr. P. 1007(m).

Type of Property	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim
1. Cash on hand.			or Exemption
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Lebanon Federal Credit Union - checking accoun	it J	\$5,000.00
	Lebanon Federal Credit Union - savings	J	\$1,425.00
	Lebanon Federal Credit Union - vacation club	J	\$0.00
	PSECU - checking	Н	\$25.00
	Wells Fargo - checking/savings	Н	\$25.00
	Lebanon Federal Credit Union - holiday club	J	\$0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.			•
 Household goods and furnishings, including audio, video, and computer equipment. 	Furniture, appliances, kitchenware, dishes, pots/p towels, sheets/blankets, TVs and (2) desks	ans, J	\$2,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	Books and DVDs	J	\$300.00
6. Wearing apparel.	Clothing	J	\$2,000.00
7. Furs and jewelry.	Fine jewelry	J	\$500.00
8. Firearms and sports, photographic, and other hobby equipment.	Firearms	н	\$600.00

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Best Case Bankruptcy

In re Steven M. Beare Cathy L. Beare

Debtor

Case No. 1:15-bk-02394

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet) N Husband, Current Value of 0 Wife, N E Debtor's Interest Joint Type of Property **Description and Location** or In Property, With-Community of Property Out Deducting Any Secured Claim or Exemption **9. Interests in insurance policies. Life Insurance Contract - proceeds to Cathy in the W \$150,000.00 Name insurance company of each amount of \$150,000.00 policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each Х issuer. 11. Interests in an education IRA as Х defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) 12. Interests in IRA, ERISA, Keogh, or 403(b) W \$4,140.27 other pension or profit sharing plans. Give particulars. 401k Н \$831.50 401k Н \$101,335.93 13. Stock and interests in incorporated Х and unincorporated businesses. Itemize. 14. Interests in partnerships or joint Х ventures. Itemize. 15. Government and corporate bonds Х and other negotiable and nonnegotiable instruments. 16. Accounts receivable. Estimated re-imbursement for health insurance from W \$1,000.00 employer (client opted out of health insurance program). 17. Alimony, maintenance, support, Х and property settlements to which the debtor is or may be entitled. Give particulars. 18. Other liquidated debts owed to Х debtor including tax refunds. Give

particulars.

In re Steven M. Beare Cathy L. Beare

Debtor

Case No. 1:15-bk-02394

SCHEDULE B - PERSONAL PROPERTY

(If known)

(Continuation Sheet)

		(Continuation Sheet)		
Type of Property	f I	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.				
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	>	(
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	Х			
22. Patents, copyrights, and other intellectual property. Give particulars.	Х			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Volkswagen Jetta	H	\$1,217.00
		2002 Chevrolet Trailblazer	W	\$3,554.00
26. Boats, motors, and accessories.	х			· ·
27. Aircraft and accessories.	х			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Work tools	Н	\$800.00
30. Inventory.	X			
31. Animals.		Dog and cat	J	\$200.00

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Best Case Bankruptcy

In re Steven M. Beare Cathy L. Beare

Case No. 1:15-bk-02394

Debtor			(If known)
		SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)		
Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
Crops - growing or harvested. Giv particulars.	e X			or exemption
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed	l. X			
35. Other personal property of any kind not already listed. Itemize.		Progress Direct payment being held by Pennsylvania Treasury Unclaimed Property	w	\$777.93
			Total >	\$276,231.63

(Report also on Summary of Schedules)

Cathy L. Beare

Case No.

1:15-bk-02394

Debtor(s)

AMENDED SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is (Check one box) Il U.S.C. §522(b)(2) Il U.S.C. §522(b)(3)	entitled under: Check if 6 \$155,675.	debtor claims a homestead exc *	emption that exceeds
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Ac	counts, Certificates of Deposit		
Lebanon Federal Credit Union - checking account	11 U.S.C. § 522(d)(5)	5,000.00	5,000.00
Lebanon Federal Credit Union - savings	11 U.S.C. § 522(d)(5)	1,425.00	1,425.00
PSECU - checking	11 U.S.C. § 522(d)(5)	25.00	25.00
Wells Fargo - checking/savings	11 U.S.C. § 522(d)(5)	25.00	25.00
Household Goods and Furnishings			
Furniture, appliances, kitchenware, dishes, pots/pans, towels, sheets/blankets, TVs and (2) desks	11 U.S.C. § 522(d)(3)	2,500.00	2,500.00
Books, Pictures and Other Art Objects; Co	ollectibles		
Books and DVDs	11 U.S.C. § 522(d)(3)	300.00	300.00
Wearing Apparel			
Clothing	11 U.S.C. § 522(d)(3)	2,000.00	2,000.00
Furs and Jewelry			
Fine jewelry	11 U.S.C. § 522(d)(4)	500.00	500.00
Firearms and Sports, Photographic and Ot	her Hobby Equipment		
Firearms	11 U.S.C. § 522(d)(5)	600.00	600.00
Interests in IRA, ERISA, Keogh, or Other Pe	ension or Profit Sharing Plans		
403(b)	11 U.S.C. § 522(d)(10)(E)	100%	4,140.27
401k	11 U.S.C. § 522(d)(10)(E)	100%	831.50
401k	11 U.S.C. § 522(d)(10)(E)	100%	101,335.93

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Best Case Bankruptcy

^{*}Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment. Schedule of Property Claimed as Exempt consists of 2 total page(s)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Accounts Receivable			
Estimated re-imbursement for health insurance from employer (client opted out of health insurance program).	ıt 11 U.S.C. § 522(d)(5)	1,000.00	1,000.00
Automobiles, Trucks, Trailers, and Other	<u>Vehicles</u>		
2001 Volkswagen Jetta	11 U.S.C. § 522(d)(2)	1,217.00	1,217.00
Machinery, Fixtures, Equipment and Supp	olies Used in Business		
Work tools	11 U.S.C. § 522(d)(6)	800.00	800.00
<u>Animals</u>			
Dog and cat	11 U.S.C. § 522(d)(3)	200.00	200.00
Other Personal Property of Any Kind Not	Aiready Listed		
Progress Direct payment being held by Pennsylvania Treasury Unclaimed Property	11 U.S.C. § 522(d)(5)	777.93	777.93
Other Property			
*Life Insurance Contract - proceeds to Cathy	11 U.S.C. § 522(d)(11)(C)	150,000.00	150,000.00
	Total:	272,677.63	272,677.63

Sheet 2 of 2 total sheets in Schedule of Property Claimed as Exempt Software Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

	on to identify your								
Debtor 1	Steven M.	Beare (deceased)			<u> </u>				
Debtor 2 (Spouse, if filing)	Cathy L. Be	eare							
United States Bankr	uptcy Court for th	e: MIDDLE DISTRICT	OF PENNSYLVANIA						
Case number 1	1:15-bk-02394					Check if this	s:		
(If known)			_			✓ An amend			
						A suppler	nent showi e as of the	ing post-petitior following date:	chapte
Official Forn	<u>n B 6l</u>					MM / DD/	YYYY		
Schedule I:	: Your Inc	ome					•		12/1
Part 1: Descri	be Employment	ur spouse is not filing w On the top of any additi	onal pages, write yo	our nan	ne and c	ase number (i	known).	Answer every	questio
 Fill in your emption. 	oloyment		Debtor 1			Debtor	2 or non-i	iling spouse	
If you have more attach a separat		Employment status	Employed			V Emp	-		
information abou employers.			✓ Not employed				employed		
Include part-time	1	Occupation	deceased			Long 7	erm Sub	stitute Teach	er
self-employed w		Employer's name				Leband	on Schoo	ol District	
Occupation may		Employer's address					outh 8th on, PA 17		
or homemaker, it	• •								
		How long employed th	iere?				2 years		
or homemaker, ii	etails About Mon		nere?				2 years		
or homemaker, ii	etails About Mon			port for	any line			clude your non-	iling
or homemaker, ii Part 2: Give Destimate monthly includes you are	etails About Mon ome as of the da separated.	athly income ate you file this form. If y are than one employer, co	ou have nothing to re			write \$0 in the	space. Inc		_
or homemaker, in a control of the Destinate monthly inconse unless you are you or your non-filing	etails About Mon ome as of the da separated.	athly income ate you file this form. If y are than one employer, co	ou have nothing to re		employe	write \$0 in the	space. Income on the line		_
or homemaker, it are 2: Give Destinate monthly incourse unless you are you or your non-filing ore space, attach a second control of the contr	etails About Monorme as of the date separated. It is spouse have most eparate sheet to be seen as wages, salar	athly income ate you file this form. If y are than one employer, co	ou have nothing to rembine the information		employe	write \$0 in the	space. Income on the line	nes below. If yo	_
or homemaker, it art 2: Give Destimate monthly income unless you are you or your non-filing ore space, attach a second control of the control	etails About Monome as of the date separated. It spouse have most eparate sheet to be separate sheet shee	athly income ate you file this form. If y are than one employer, couthis form. y, and commissions (be alculate what the monthly	ou have nothing to rembine the information	for all	employer Fo	write \$0 in the s for that perso	space. Inc on the li For Del non-filli	nes below. If yo otor 2 or ng spouse	_

Official Form B 6I

Schedule I: Your Income

	ebtor 1 ebtor 2	Cathy L. Beare		Case n	umber (if known)	1:15-bk-	02394	
				For D	ebtor 1	4 4 4 4	tor 2 or	
	Cop	by line 4 here	4.	\$	0.00	\$	1,400.00	
5.	List	all payroll deductions:						
٥.	5a.	Tax, Medicare, and Social Security deductions (estimated)	5a.	\$	0.00	\$	350.00	
	5b.	Mandatory contributions for retirement plans	5a. 5b.	· \$	0.00	\$	350.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$ \$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans		§—	0.00		0.00	
	5u. 5e.		5d.	· —	0.00	\$	0.00	
		Insurance	5e.	\$	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$ <u> </u>	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	. <u>\$</u>	0.00	
	5h.	Other deductions, Specify:	5h.+			+ \$	0.00	
		TSA		\$	0.00	\$	54.17	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	394.17	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	1,005.83	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$	0.00	\$	216.82	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security for Debtor and her children	8e.	\$	0.00	\$	3,665.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify: Income from tax refund (2014)	8h.+	\$	0.00 +	\$ <u> </u>	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	Ď	0.00	\$	3,881.82	
ıΔ	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		0.00 + \$	4 007 0	5 = \$ 4.887	,
ıv.		he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10, #-		0.00 + \$_	4,887.6	5 = \$4,887	.00
11.	State Include other	all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. It includes any amounts already included in lines 2-10 or amounts that are not a second contribution.	depend			d in <i>Schedu</i>		.00
2.		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines						.65
3.	Do yo	ou expect an increase or decrease within the year after you file this form:	?				Combined monthly incon	1e
	V	No.						
	1 !	Yes. Explain:						i

If Debtor earns greater than \$1,400.00 per month, she will lose \$1.00 of social security for every \$2.00 that she earns. Accordingly, Debtor intends to keep her income level below said amount.

Official Form B 6I Schedule I: Your Income page 2 Debtor 1 Steven M. Beare Cathy L. Beare

Case number (if known) 1:15-bk-02394

Part-time employment:

Just Like Family 932 Cornwall Road Lebanon, PA 17042

Occupation: PCA

Fill in this information to identify your case:				
Deblor 1 Steven M. Beare (deceased)		Che	ck if this is:	
Debtor 2, Cathy L. Beare (Spouse, if filing)		V	An amended filing A supplement sho	wing post-petition chapter the following date:
United States Bankruptcy Court for the: MIDDLE DISTRICT OF I	PENNSYLVANIA	-	MM / DD / YYYY	
(If known) 1:15-bk-02394			A separate filing fo 2 maintains a sepa	or Debtor 2 because Debtor prate household
Official Form B 6J				
Schedule J: Your Expenses				42/42
Be as complete and accurate as possible. If two married p information. If more space is needed, attach another shee number (if known). Answer every question.	eople are filing together, bo t to this form. On the top of	th are equa	ally responsible fo nal pages, write y	12/13 or supplying correct your name and case
Paris Describe Your Household				
1. Is this a joint case?				
No. Go to line 2.✓ Yes. Does Debtor 2 live in a separate household?				
√ No				
Yes. Debtor 2 must file a separate Schedule J.				
2. Do you have dependents? No				
Do not list Debtor 1 and Debtor 2. Fill out this informal each dependent		nship to	Dependent's age	Does dependent live with you?
dependents' names.	Daughter		12	☐ No V Yes
	Son		14	No
	Son		16	No
			10	✓ Yes No
3. Do your expenses include				Yes
yourself and your dependents?				
Part 2: Estimate Your Ongoing Monthly Expenses				
Estimate your expenses as of your bankruptcy filing date un expenses as of a date after the bankruptcy is filed. If this is applicable date.	nless you are using this form a supplemental Schedule J,	n as a support of the check the	plement in a Chap box at the top of	ter 13 case to report the form and fill in the
nclude expenses paid for with non-cash government assist he value of such assistance and have included it on <i>Sched</i> Official Form 6l.)	ance if you know ule I: Your Income		Your exper	
 The rental or home ownership expenses for your residence payments and any rent for the ground or lot. 	ence. Include first mortgage	4. \$	Tour CAper	0.00
If not included in line 4:		·· Ψ -		
4a. Real estate taxes		4- *		
4b. Property, homeowner's, or renter's insurance		4a. \$ _ 4b. \$ _		0.00
4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00 0.00
4d. Homeowner's association or condominium dues		4d. \$		0.00
. Additional mortgage payments for your residence, such	as home equity loans	5. \$		0.00
				_

Official Form B 6J

Schedule J: Your Expenses

page 1

Case number (if known)

1:15-bk-02394

. Ut 6a	lities: Electricity, heat, natural gas	6a	. \$	250.00
6b	Water, sewer, garbage collection	6b.	\$	84.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	440.00
6d.		6d.	\$	0.00
Fo	od and housekeeping supplies	7.	\$	1,200.00
	ildcare and children's education costs	8.	\$	0.00
Clo	othing, laundry, and dry cleaning	9.	\$	200.00
	sonal care products and services	10.	\$	100.00
	dical and dental expenses	11.	\$	100.00
l. Tra	nsportation. Include gas, maintenance, bus or train fare.	12.		400.00
	not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books		***************************************	
	aritable contributions and religious donations	13. 14.		150.00
	urance.	14.	.	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	S	65.00
15b	. Health insurance	15b.		0.00
15c	. Vehicle insurance	15c.	\$	198.38
15d	. Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		` 	V.00
Spe		16.	\$	0.00
	aliment or lease payments:			
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	\$	0.00
ded	r payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	s	0.00
Oth	er payments you make to support others who do not live with you.	, _,	\$	0.00
Spe		19.	<u> </u>	0.00
Oth	er real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	ur Income,	
20a.	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	er: Specify: Cigarettes	21.	+\$	120.00
	ool lunches		+\$	200.00
Gyn	n membership		+\$	19.99
Trav	reling soccer		+\$	40.00
Esti	mated rent (Cathy)		+\$	1,000.00
			+\$	
Your	monthly expenses. Add lines 4 through 21.	22.	\$	4,017.37
	esult is your monthly expenses.			4,017.37
	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,887.65
	Copy your monthly expenses from line 22 above.	23b.	-\$	4,567.37
		r		.,,,,,,,,
23c.	Subtract your monthly expenses from your monthly income.	22-	2	220.20
	The result is your monthly net income.	23c.	5	320.28
		en	·~ ~ ~	
Do v	OU EXPECT AN INCREASE OF DECREASE IN VOIIT EXTENSES WITHIN the vear after you	I file thic t		
Forex	ou expect an increase or decrease in your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your re- cation to the terms of your mortgage?	u file this f nortgage pa	offit (lyment to inc	rease or decrease because of

Official Form B 6J

VERIFICATION

I, <u>Cathy L. Beare</u>, verify that the statements made in the aforegoing documents are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C. S. §4904, relating to unsworn falsification to authorities.

Cathy L. Beare, Debtor

Dated: $\frac{5}{3}$